Employee Declaration and Drug/Alcohol Prohibition Acknowledgement

Employee Declaration

Instructions: Print name, select "have" or "have not" statement, list details if necessary, and sign.

I, _____, do swear that I **have** been convicted, or am under current indictment, or have had substantial evidence of involvement in criminal activities involving:

I, _____, do swear that I **have not** been convicted, nor am I under current indictment or had substantial evidence of involvement in criminal activities involving:

- Violence against a person;
- Child abuse or neglect;
- Possession, sale, or distribution of illegal drugs;
- Sexual misconduct;
- Gross irresponsibility or disregard for the safety of others;
- Serious violations of accepted standards of honesty or ethical behavior; or
- Any case of child abuse or neglect substantiated by the Division of Family Services or the respective responsible entity in any other state or country.

I understand that my failure to disclose any of the above information may be grounds for immediate termination or removal from assigned duties. I also understand that any subsequent criminal charges or substantiated child abuse or neglect incidents will be used to determine my suitability for working with children and youth.

If you **have** been involved in any of the above circumstances, please explain here (attach additional pages if necessary).

_____ _____
Employee Signature Date

_____ _____
Witness Signature Date

Drug/Alcohol Prohibition Acknowledgement

I, _____, acknowledge that the use of alcohol or a drug that could adversely affect my essential job functions, or unlawful possession, manufacture, or distribution of alcohol or drugs, or possession of a controlled substance is prohibited in the work place.

_____ _____
Employee Signature Date

_____ _____
Witness Signature Date